



60 Month Questionnaire

Patient's information

Name: _____

DOB: ___/___/___

MALE/FEMALE

Person filling out questionnaire

Name: _____

Relationship to patient: _____

COMMUNICATION

Without your giving help by pointing or repeating directions, does your child follow three directions that are unrelated to one another? YES NO SOMETIMES

Does your child use four- and five- word sentences? YES NO SOMETIMES

When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? YES NO SOMETIMES

Does your child use comparison words, such as "heavier," "stronger," or "shorter"? YES NO SOMETIMES

Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.) YES NO SOMETIMES

- "What do you do when you are hungry?"
- "What do you do when you are tired?"

GROSS MOTOR

While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? YES NO SOMETIMES

Does your child catch a large ball with both hands? YES NO SOMETIMES

Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? YES NO SOMETIMES

Does your child skip using alternating feet? YES NO SOMETIMES

FINE MOTOR

Ask your child to trace on a line with a pencil. Can he trace the line without out going off the line more than two times? YES NO SOMETIMES

Can your child draw a picture of a person? (Mark "yes" if your child draws a person with head, body, arms, and legs.) YES NO SOMETIMES

Can your child draw the shapes below?: YES NO SOMETIMES



Can your child cut a piece of paper in half on a straight line?	YES	NO	SOMETIMES
Can your child write their first name?	YES	NO	SOMETIMES

PROBLEM SOLVING

When asked "Which circle is smallest?" does your child point to the smallest circle?	YES	NO	SOMETIMES
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When shown objects and asked, "What color is this?" does your child name five different colors?	YES	NO	SOMETIMES
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Does your child know the names of numbers? Can she identify the numbers below?	YES	NO	SOMETIMES
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1 5 2

Can your child identify at least four letters in his name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.)	YES	NO	SOMETIMES
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PERSONAL-SOCIAL

Can your child serve herself, taking food from one container or plate to another, using utensils?	YES	NO	SOMETIMES
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Does your child tell you at least four of the following? Please mark the items your child knows.	YES	NO	SOMETIMES
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- | | |
|---------------------|---------------------|
| d. First name | d. Last name |
| e. Age | e. Boy or girl |
| f. City he lives in | f. Telephone number |

Does your child wash her hands and face using soap and water, and dry off with a towel without help?	YES	NO	SOMETIMES
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Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	YES	NO	SOMETIMES
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Does your child use the toilet by herself? (She goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if she does this after you remind her.	YES	NO	SOMETIMES
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Does your child usually take turns and share with other children?	YES	NO	SOMETIMES
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*If you have any questions or concerns regarding your child, please list them here for the doctor to go over: